				COVER PAGE
Keciplent Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460 FORM
(coveringent code Sections 04200-1013)	Statement covers period from 09/20/2020	Date of election if applicable: (Month, Day, Year)		Page_1of_3For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 10/17/2020	11/03/2020		22 OCT 2020 PN3:
1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4. State Candidate Election Committee Commi	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	2. Type of Statement: \times \text{ Preelection Statement} \times \text{ Semi-annual Statement} \times \text{ Termination Statement} (Also file a Form 410 Termination) \times \text{ Amendment (Explain below)}	ation)	de 10y
3. Committee Information Committee Name (OR CANDIDATE'S NAME IF NO COMMITTEE) Mike Cordero for Council 2020	I.D. NUMBER 1390966 E)	Treasurer(s) NAME OF TREASURER Trent Benedetti MALLING ADDRESS 2151 S College Dr Ste	1001	
ET ADDRESS (NO P.O. BOX) 1 S College Dr Ste 101		CITY Santa Maria	STATE	ZIP CODE AREA CODE/PHONE 93455 (805) 922-4881
CITY STATE ZIP CODE Santa Maria CA 93455 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	DDE AREA CODE/PHONE 55 (805) 922-4881 50X	NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	EK, IF ANY	
CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS arybee@aol.com	ODE AREA CODE/PHONE	CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE	ZIP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Por High Pare Par	g this statement and to the best of my kno ia that the foregoing is true and correct.	wledge the information contained herein and the second sec	ein and in the attached sched	lules is true and complete. I certify

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Executed on Date	By Signature of Treasurer or Assistant Treasurer
Executed on 10120/20	By Sighaufre of Compoling Office Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	By Signature of Controlling Officeholder, Candidate, State Measure Proponent

PPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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-PART 2	09	m
COVER PAGE - PART 2	CALIFORNIA 4	Page of

5. Officeholder or Candidate Controlled Committee	ittee	6. Primarily Formed Ballot Measure Committee	easure Comn	nittee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Mike Cordero OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPL City Council Member	CT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JU	JURISDICTION	18 60	SUPPORT
BUSINESS ADDRESS (NO. AND STREET)	STATE	Identify the controlling officeholder, candidate, or state measure proponent, if any.	older, candidate	, or state measure pro	ponent, if any.
1324 Ruby Ct. Sar	Santa Maria CA 93454	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	TE, OR PROPONE	TN	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	atement: List any committees or are primarily formed to receive ndidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	N.
COMMITTEE NAME	I.D. NUMBER			-	
NAME OF TREASURER	CONTROLLED COMMITTEE?	 Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. 	ate/OTTIcenold which this comm	ler Committee List i nittee is primarily formed	names of
COMMITTEE ADDRESS (NO P.O. BOX)]	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP O	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
	CONTROLLED COMMITTEE? TYES NO	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	3OX)				
CITY STATE ZIP C	ZIP CODE AREA CODE/PHONE	Attach o	continuation she	Attach continuation sheets if necessary	

SUMMARY PAGE

campaign Disclosure Statement	Amounts may be rounded	Stateme	Statement covers period	CALIEDBNIA ACA
Summary Page	to whole dollars.	from	09/20/2020	FORM 40U
POSTATORIO NA DEMEDSE		through	10/17/2020	Page 3 of 3
SEE INSTRUCTIONS ON REVENSE NAME OF FILER Mitte Condons for Council 2020				I.D. NUMBER 1390966
ons Receiv	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidate: Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	Ф 00.0	00.0	General Elections	ns 1/1 through 6/30 7/1 to Date
Loans Received	\$		20. Contributions Received \$	<i>ਦ</i> -
4. Nonmonetary Contributions	9 00.0	0.00	res	φ
Expenditures Made 6. Payments Made	\$ 00.0	1,125.00	Expenditure Limit Summary for State Candidates	ummary for State
Loans MadeSUBTOTAL CASH PAYMENTS	90000	0.00	22. Cumulative	Cumulative Expenditures Made* (fSubject to Voluntary Expenditure Limit)
. Accrued Expenses (Unpaid Bills)s. S. O. Nonmonetary Adjustments.	0.00	0.00	Date of Election (mm/dd/yy)	Total to Date
DE	\$ 00.00	1,125.00	1	\$
Current Cash Statement	4,733.18	-		\$
13. Cash Receipts	0.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last	*Amounts in this section m reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	4,733.18	report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	the first report being filed for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	00.00	from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	00.00			Andreas / Colon and Property

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